Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

		CLAIMS A	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			21			-		RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED .		NUMBER EXTRA		Ī	BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			2/ minus 20=		*			X\$ 9=	9	OR	X\$18=	
INDEPENDENT CLAIMS			2 mi	inus 3 =	*	8	Ī	X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PI			RESENT				ľ	+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" i			column 2	L	TOTAL	394	OR	TOTAL	
	· C	Column 1)	MENDED - PART II (Column 2) (Column 3)					SMALL	ENTITY	OR	OTHER SMALL	
		CLAIMS		HIGH						• .		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
							L	TOTAL			TOTAL	
			Α	DDIT. FEE		OR ,	ADDIT. FEE					
(Column 1) (Column 2) (Column 3)												
		CLAIMS		HIGHE			RATE		ADDI-			ADDI-
1		REMAINING AFTER	i	NUME PREVIO		PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
N		AMENDMENT		PAID F	-	EVIDA			FEE			FEE
AMENDMENT B	Total	*	Minus	**		=	T	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					·	H			•		
							L	+145=		OR	+290=	
							ΑI	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)									:			
T C	`	CLAIMS		HIGHE				1	ADDI-	ľ		ADDI-
		REMAINING AFTER		NUMB PREVIO		PRESENT	ı	RATE	TIONAL		RATE	TIONAL
N		AMENDMENT		PAID F		EXTRA ₇		TICAL E	FEE	i	ואוב	FEE
AMENDMENT	Total	*	Minus	**	·	=		X\$ 9=		OR	X\$18=	,
ME	Independent	*	Minus	*** •		=		X43=		or I	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash					
							L	+145=		OR	+290=	•
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR TOTAL ADDIT. FEE												
***	f the "Highest Nur	mber Previously Pa ber Pr viously Paid	id For IN THIS	S SPACE is	less tha	n 3, enter "3."			ropriate b x			